



HEALTH DATA ANALYST

(RESEARCH ANALYST 4)

\$3,396- 4,351 per month (range 53)

Open until filled. Applications will be reviewed upon receipt.

LOCATION: There is one opening in Downtown Seattle with the Uniform Medical Plan (UMP) office. This is a permanent, full-time, overtime-eligible position that is not covered by a union bargaining agreement.

WHO MAY APPLY: This recruitment is open to all candidates who MEET the REQUIREMENTS, and who most closely meet the PREFERRED QUALIFICATIONS.

DUTIES: This is the primary data analyst responsible for technical administration and use of the Uniform Medical Plan's data warehouse. The data warehouse includes medical and pharmacy claims, health care provider data, and eligibility files. Queries and reports are run using specialized software provided by a data management vendor, VIPS. The position is responsible for:

- Maintenance of the data warehouse, which includes scheduling and coordinating data uploads from medical and pharmacy claims payers, customizing mapping of new codes, reviewing data integrity reports, and troubleshooting problems. It also includes coordinating with VIPS on software upgrades.
- Project management on initiatives to improve data quality, add new data elements, and increase the usability of the information in the data warehouse. This requires identifying user needs and coordinating with VIPS, UMP claims payers, and other vendors.
- Developing and generating standard management reports, and providing key support to operational and clinical managers on projects that require extensive manipulation of the data through ad hoc research and reports.
- Providing technical assistance and training for other staff on how to use the data warehouse and VIPS software. This includes facilitating monthly user group meetings.
- Maintaining documentation of the data warehouse and related processes.

REQUIREMENTS: Candidates must have health care claims data analysis experience.

PREFERRED QUALIFICATIONS:

A Bachelor's degree with significant course work in quantitative field (mathematics, science, business, etc.)

Extensive experience with database and spreadsheet software, including manipulation of data extracts in various file formats, ad hoc reporting from complex databases, and creating presentation quality materials with charts and graphs.

Ability to prioritize tasks and use problem-solving skills.

Experience in writing technical documentation.

Experience conducting technical training.

Oral communication skills.

Strong analytical skills.

Project management skills.

Interpersonal relationship skills.

Experience handling confidential information.

Candidates may apply by submitting the following packet of information:

1. A letter of interest with a detailed description of your experience in all of the areas listed in the REQUIREMENTS and Qualifications sections;
2. A résumé listing names of employers, dates of employment, and degree(s) attained;
3. A minimum of three employment references, two supervisors and one peer;
4. The reference authorization form.
5. The profile data sheet. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

Application Process:

Applications will be screened upon receipt.

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia WA 98504-2698	Please use: <u>Health Data Analyst</u> in the subject line hrrmb@hca.wa.gov Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

Date _____ Printed name of applicant _____

Applicant's signature _____

Where did you hear about this job? HCA ☐ DOP ☐ Newspaper ad ☐ Mailing ☐ Associate ☐

NOTE: A photocopy of this information shall be as valid as the original.

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

Health Care Authority

APPLICANT PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? *If you are more than one race, please check "Other Race".*

- | | | | | | |
|---|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black | <input type="checkbox"/> Eskimo | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Race (specify indicate race or culture): _____ | | | | | |

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

☐ Multi-Racial _____
(Affirmative Action Preference)

2. Are you: ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Services? ☐ Yes (if checked, see 3a and 3b)
☐ No

3a. Dates served: from: _____ to _____ **3b. Are you a disabled veteran?** ☐ Yes (____ %) ☐ No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? ☐ Yes ☐ No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

Date of Birth: ____/____/____

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.